

entire growth period. In general, it seems rational to supply in the diet of the child as much as 4 gm. per kilo daily at one year, decreasing to about 3 gm. per kilo at six years, and maintaining this value throughout the remainder of the growth period.

**Milk Ingestion in Relation to Changes in Body Weight of Newborn Infants.**—ANAIN and STEWART (*Jour. Am. Med. Assn.*, 1922, 78, 1865) found that the average body weight for 149 first-born and also for 149 later-born infants, whose birth weights ranged between 2500 and 5000 gm., decreased to a minimum on the fourth day, counting the date of birth as the first day. The average loss amounted to approximately 8 per cent of the birth weight for the first-born infants and to approximately 6.4 per cent for the later-born infants. There was no progressively uniform daily decrease in weight; for each group the greatest loss occurred on the second day. Following the fourth day the average body weight for each group progressively increased. On the tenth day, however, the average weight of the first-born and of the later-born was still 2.4 and 2.6 per cent respectively below the initial weight. For each group of babies the greatest daily gain in weight occurred on the fifth day after birth. For the first-born infants of both sexes the amount of breast milk obtained increased rapidly from an average of 13.0 gm. per feeding on the second day to 54.9 gm. on the fifth day. From the sixth to the tenth day inclusive the increase continued, although less rapidly, the average meal on the tenth amounting to 78.4 gm. With the later-born infants of both sexes the average amount of milk per feeding increased from 16.9 gm. on the second day to 59.4 gm. by the fifth day. On the tenth day the food intake averaged 84.7 gm. per feeding. Throughout the period studied the babies of multiparous mothers averaged larger feedings than the babies of primiparous mothers. The heavier infants in general obtained more milk from the breast per feeding than the lighter ones whether first or later born, particularly after lactation was well established. Of each weight group the average meal in general was larger for infants of multiparous mothers than for those of primiparous mothers. Except for the eighth and ninth days, the average amounts of mother's milk taken daily for each kilogram of body weight was slightly higher for later-born than for first-born infants. The average amount of 10 per cent lactose solution taken per feeding increased to a maximum on the second day. On the following three days, as the supply of milk increased, the lactose solution ingested progressively decreased. There was no apparent difference in the amount of lactose solution taken during this period by the later-born as compared to the first-born babies.

**Observations on the Heart in Mothers and the Newborn.**—SMITH (*Jour. Am. Med. Assn.*, 1922, 79, 3) found by clinical, cardiographic and radiographic examination that pregnancy in itself does not cause cardiac enlargement. Such evidences of cardiac enlargement as may be present in the expectant mother under certain circumstances of examination are shown to disappear under other circumstances. Cardiac enlargement in the latter half of pregnancy may be simulated by the upward pressure of the gravid uterus upon the heart, causing cardiac displacement. There are no heart affections which are characteristic

of, or incident to, pregnancy. While pregnancy in all likelihood throws a load of some degree on the heart, the heart is fully capable of adjusting itself to this as it is to other physiologic demands. A definite history of previous infections requires that the expectant mother be closely observed as pregnancy advances for symptoms of masked heart disease, which may not become apparent until brought to light by the heart load of pregnancy. Focal infections may cause symptoms of heart embarrassment in pregnant patients which might erroneously be attributed to pregnancy. Definite cardiac indications for the interruption of pregnancy are rare. Even frankly diseased hearts will exhibit a surprising adaptability to the physiologic demands of pregnancy. The right side of the heart is enlarged in the newborn. Evidence of cardiac enlargement persists for five weeks or longer before the baby's record begins to assume adult characteristics. The heart following birth is frequently irregular at intervals during the first week. Such irregularities may be expected to disappear at a later date and are not indicative of cardiac pathology. Graphic records suggest that it may be possible for maternal irregularities to be transmitted to the child. In a stillborn baby evidences of heart activity were observed for three hours and twenty-four minutes following stillbirth. Massage of the heart through the chest wall may prove to be a useful adjunct to other methods of resuscitation of the stillborn.

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**The Severe Blood Diseases of Childhood.**—POYNTON, TURSFIELD and PATERSON (*Brit. Jour. Child. Dis.*, 1922, 19, 57) in discussing types of severe blood diseases take up a consideration of von Jakseh's anemia or anemia pseudoleukemia infantum. They group four of their cases under this heading. The criteria which they have adopted are that the child should be under four years of age, that the anemia should be severe, that there should be an unusual proportion of myelocytes present in the peripheral blood, and that the spleen should be of considerable size. In addition, though not invariably present, normoblasts and megaloblasts are commonly found in the films of the blood. Judged by these standards three of these four cases undoubtedly belong to the category of von Jakseh's disease, but the remaining one was doubtful. In this patient the hemoglobin was unusually high and the proportion of myelocytes was unusually low, nor had the spleen such a size as is usually associated with the disease. The erythrocyte count was higher than is expected and the improvement was exceptionally rapid. The general appearance of the patient coupled with the appearance in the blood of myelocytes, normoblasts and megaloblasts led them to believe that this was an example either of a comparatively late stage in convalescence from the disease, or possibly an example of unusually mild degree of the affection. They admit that such a case affords some support to the argument of those who believe that von Jakseh's anemia is not a clinical entity, but an unusually severe stage of any infantile anemia, the uncommon features being merely an expression of the severity of the intoxication. Of the three cases two recovered and one died. Postmortem examination showed petechiae in many organs, an old blood-clot in the pelvis of one kidney, general moderate enlargement of the lymphatic glands and hypertrophy of lymphoid tissue of the body, and a large firm spleen with marked fibrosis.